U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved
Office of Management
and Budget
No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 13646	2. Fiscal Year Covered From:
	7/ 1/2664 Through: 72/71/2004
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name Robert 5 Gilbert Jr.	Name Ufcw Local 711
· <u>·</u>	Labor Organization File Number 570~189
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any P.O. Jox 966
Street 7441 International Dr.	Street 7441 Futionational Dr.
City Holland	City Holland
State OH ZIP Code + 4 43528	State 0.1 ZIP Code + 4 43528
5. Position in labor organization. Representative	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name and address of Employer (including trade name, if any). Name	7.a. Nature of Interest, Transaction, or Income.
Name Trade Name, if any:	
Name	
Name Trade Name, if any:	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code +4 Sign 15. Signature and verification. The undersigned declares, under penalty of	7.b. Amount. Perjury and other applicable penalties of the law, that all of the information ving documents), has been examined by the signatory and is, to the best of the
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code +4 Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany	7.b. Amount. Perjury and other applicable penalties of the law, that all of the information ving documents), has been examined by the signatory and is, to the best of the